



Leave Administration Form

Submit form to **HR Leave Administration** by email (HR.LeaveAdmin@pima.gov),
fax (520-791-6514), or mail (150 W Congress, 4th floor, Tucson, AZ 85701)

Type of Request

Effective Date: _____ New Change End

Employee Information

Employee Name	EIN	Date of Birth	Employee Work Schedule (Days # hours)
Department	Supervisor's Name		Supervisor's Phone
Employee Work Phone	Employee Home Phone	Employee Cell Phone	

If needed, HR Leave Administration may send information to the email(s) below.

Employee work email address: _____

Employee home email address: _____

Leave Category/Reason (Select all that apply)

Administrative (Paid)	Workers' Comp (ICA)	FML Adoption/Foster	Est. Placement Date _____
Parental (Partially Paid)	Military Paid	FML Birth	Estimated Due Date _____
Humanitarian/Personal	Military Unpaid	FML Caregiving	* List Name, relationship, & DOB in Details.
Candidacy	Victim	FML Military Care	* List Name, relationship, & DOB in Details.
Education		FML Military Exigency	* List Name & relationship in Details.
Best Interest of County		FML Self	Employee is Hospitalized at _____
Medical LOA (not FML)			New Condition Yes No Unknown

Leave Frequency

Start Date (mm/dd/yyyy)		End Date (mm/dd/yyyy)
Continuous _____	to	_____ unknown
Intermittent _____	to	_____ unknown
Is there a change to scheduled hours?	Yes No	New Hours per week _____

FML Information: Name(s), Relationship(s) and DOB(s):
DO NOT INCLUDE ANY MEDICAL INFORMATION OR CONDITIONS ON THIS FORM.

Documents attached per Administrative Procedure: (Examples: approval, work status information, military orders, letters, etc.)

Submitted by: _____ **Date:** _____

Leave Administration use only:

Class Code:	eTime
Days worked:	EV5
Qualifying hours:	Approved / Denied _____

HR Leave Administration may be contacted by email HR.LeaveAdmin@pima.gov or phone 520-724-8076.